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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

8569/GDM

First Named Inventor

Laura E. Keith

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND CAMERA FOR IMAGE CAPTURE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		Yes	No
NONE			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 20349				OR <input checked="" type="checkbox"/> Correspondence address below			
Name Polaroid Corporation							
Address Patent Department 1265 Main Street							
City Waltham				State MA		ZIP 02451	
Country U.S.A.			Telephone 781-386-6405		Fax 781-386-6435		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Laura E.				Family Name or Surname Keith			
Inventor's Signature <i>Laura E. Keith</i>						Date <i>Sept 15-2003</i>	
Residence: City Acton		State MA		Country U.S.A.		Citizenship U.S.	
Mailing Address 9 Woodchester Drive							
City Acton		State MA		ZIP 01720		Country U.S.A.	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Norman D.				Family Name or Surname Staller			
Inventor's Signature <i>Norman D Staller</i>						Date <i>9/15/03</i>	
Residence: City Beverly		State MA		Country U.S.A.		Citizenship U.S.	
Mailing Address 36 Ober Street							
City Beverly		State MA		ZIP 01915		Country U.S.A.	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Laura E. Keith
Title	METHOD AND CAMERA FOR IMAGE
Art Unit	
Examiner Name	
Attorney Docket Number	8569/GDM

I hereby appoint:



Practitioners at Customer Number:

20349

OR



Practitioner(s) named below:

Name	Registration Number
Gaetano D. Maccarone	25,173

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The above-mentioned Customer Number:

OR



The address associated with Customer Number:

20349

OR



Firm or Individual Name

Polaroid Corporation

Address

Patent Department

Address

1265 Main Street

City

Waltham

State

MA

Zip

02451

Country

U.S.A.

Telephone

781-386-6405

Fax

781-386-6435

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Laura E. Keith
Signature	<i>Laura E. Keith</i>
Date	September 15, 2003
Telephone	781-386-4216

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 2 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
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First Named Inventor	Laura E. Keith
Title	METHOD AND CAMERA FOR IMAGE
Art Unit	
Examiner Name	
Attorney Docket Number	8569/GDM

I hereby appoint:



Practitioners at Customer Number:

20349

OR



Practitioner(s) named below:

Name	Registration Number
Gaetano D. Maccarone	25,173

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The above-mentioned Customer Number:

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The address associated with Customer Number:

20349

OR

Firm or
Individual Name

Polaroid Corporation

Address

Patent Department

Address

1265 Main Street

City

Waltham

State

MA

Zip

02451

Country

U.S.A.

Telephone

781-386-6405

Fax

781-386-6435

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Norman D. Staller		
Signature	<i>Norm D Staller</i>		
Date	September 15, 2003	Telephone	781-386-4930

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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